MEDICARE AND MEDICAID

WHAT IS THE DIFFERENCE?

Illinois Commission on Intergovernmental Cooperation

Introduction

Medicare and Medicaid are both government health insurance programs, but there are some differences. **Medicare** is funded and managed by the federal government in Washington. It mainly serves retired workers and their spouses, and in some cases younger disabled workers. There is cost sharing, so people receiving benefits make co-payments and in some cases pay premiums. **Medicaid** is managed by the state government and is funded with both federal and state money. It mainly serves low-income families with children and the low-income elderly who need nursing home care. It provides families with a wide variety of medical services. It also may help certain low-income retired people with Medicare premium payments and co-payments. Some low-income senior citizens may also be able to receive help with prescription drug expenses and other services not covered by Medicare. There is little or no cost sharing.

For more information on **Medicaid**:
Call the Department of Human Services helpline at 1-800-252-8635 or 1-800-447-6404 for the hearing impaired.
For help online go to: www.state.il.us/dpa

For more information on **Medicare**:
For Spanish or English call 1-800-772-1213 or 1-800-325-0778 for the hearing impaired.
For help online go to: www.medicare.gov

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http://www.legis.state.il.us/commission/igcc/igcc_home.html

Commonly Ask

Medicaid

What is it?

A health insurance program for low-income families, and the elderly who need nursing home care. Funded by state and federal money and run by the State. In Illinois the program is run by the Department of Public Aid.

Who is covered?

Generally, low-income families with children, and low-income elderly individuals who need nursing home care are covered. Persons who qualify for income assistance are eligible for Medicaid. Other low-income families may also be eligible for some benefits. Some retired people who receive Medicare are eligible for help from Medicaid to make premium payments and co-payments and to provide some medical services not covered by Medicare such as prescription drugs and nursing home care.

What is covered?

Medicaid covers a wide range of health services including hospital care, doctors' services, family planning and supplies, nursing facility services, home health services, prescription drugs and ambulance service among others. (See chart on reverse side).

What does it cost?

Co-payments for hospital care have been required for the last 20 years. Since January 2002, co-payments have been required for other services. Generally, they are small, usually $1. Co-payments are not required for children (under 21) pregnant women or individuals in nursing homes.

ked Questions

Medicare

What is it?

A federal health insurance program for senior citizens and disabled younger workers. It is run by the Social Security Administration.

Who is covered?

Generally, retired workers, who are eligible for Social Security payments, and their spouses or survivors, are covered. Some younger workers, who have become disabled and are no longer able to work are eligible. People who are not eligible for Social Security, but are over 65 and citizens or permanent residents may be able to buy hospital coverage. People with end-stage kidney disease are entitled to hospital coverage regardless of their age.

What is covered?

There are two parts to Medicare: Part A covers hospital costs; and Part B, which is optional, covers doctors' fees and some other medical expenses (See chart on reverse side). A new option, Medicare + CHOICE plans cover most of the benefits of regular Medicare and may offer additional services such as outpatient prescription drugs, visits to the doctor's office, and eye exams.

What does it cost?

For those who are eligible there is no cost for Part A, hospital insurance; Part B may be purchased. For 2002 the monthly premium for Part B is $54. In addition, there are a number of deductibles and co-payments for many of the services. The cost of Medicare + CHOICE varies from plan to plan.

Services Covered by

Services	Medicaid-Ma
Hospital Services (inpatient)	Yes
Hospital Services (outpatient)	Yes
Doctors' Services	Yes
Lab & X-ray Services	Yes
Early Screening, Diagnostic and Treatment	Yes
Family Planning	Yes
Federally Qualified Health Center Services	Yes
Nurse-Midwife Services	Yes
Nurse Practitioner Services	Yes
Home Health Care and Durable Medical Equipment	Yes
Nursing Facility Services	Yes
Transportation Including Ambulance Services	Yes
	Medicaid-Op
Prescription Drugs (inpatient and outpatient)	Yes
Care by Chiropractors, Psychologists and Podiatrists	Chiropractors a only
Diagnostic, Preventive and Screening	Yes
Rehabilitative Services	Yes
Clinic Services	Yes
Dental Care, Dentures	Emergency den and dentures
Physical Therapy	Yes
Prosthetic Devices, Eyeglasses	Yes
Inpatient Hospital Care for Mental Illness	Yes
Intermediate Care Facilities for those with mental retardation	Yes
Home and Community Based Services (under waivers)	Yes
Case-Management Services	Yes
Personal Care Services	No
Hospice Care	Yes

Medicaid and Medicare

ndatory	Medicare
	Yes
	Yes
	Yes
	Yes
	Not Specified
	No
	Yes
	Yes
	Yes
	Yes
	Ambulance Services only

tional

	Generally only inpatient prescription drugs covered
nd Podiatrists	Yes
	Yes, with some restrictions
	Yes, with some restrictions
	Yes
al care only,	No
	Yes
	Eyeglasses excluded
	Yes, but Medicare does not pay for care in mental institutions
	No
	No
	No
	No
	Yes

UNIVERSITY OF ILLINOIS – URBANA
N3011204254051A

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Printed by Authority of the State of Illinois • I PU Order 33824 • July 2002 • 500 copi